

Case Number:	CM13-0066558		
Date Assigned:	01/03/2014	Date of Injury:	09/09/2011
Decision Date:	05/20/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this patient reported a 9/9/11 date of injury, and lumbar surgery 11/11. At the time (11/28/13) of request for authorization for MRI lumbar spine without dye, there is documentation of subjective (significant pain) and objective (antalgic gait, muscle spasm of the lumbar paravertebral muscles, and positive Kemp's) findings, imaging findings (L/S MRI (1/12/12) report revealed interval surgery s/p laminectomies of L2 and L3 levels, interval decompression of the spinal canal with improvement of the central stenosis, a residual disc herniation remains at this level, bilateral neural foraminal stenosis is not significantly changed; multiple levels of foraminal stenosis throughout the lower lumbar levels with slight worsening at L4-5 of the left; central stenosis of L3-4, mild central stenosis at remaining lower lumbar levels, lateral recess stenosis at multiple lower lumbar levels), current diagnoses (status post lumbar spine surgery), and treatment to date (PT, acupuncture, medications, and activity modification). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI LUMBAR SPINE WITHOUT DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnosis of status post lumbar spine surgery. In addition, there is documentation of post-op L/S MRI done 1/12/12. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine without dye is not medically necessary.